



## Community Art Display Request for Memorial Town Hall

Art is an important part of our community, and the Town of Old Lyme is delighted to showcase the impressive talents of our community members in our family friendly space here at the Town Hall.

Artist or Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_ OL Address: \_\_\_\_\_

Brief Description of Display: \_\_\_\_\_

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Please indicate the top three preferences:

January	April	July	October
February	May	August	November
March	June	September	December

Date Hanging Artwork: \_\_\_\_\_ Type of Medium (ie: Photos/Oil) \_\_\_\_\_

Date Removing Artwork: \_\_\_\_\_

Opening Reception: \_\_\_\_\_ Time: \_\_\_\_\_ Facility Use Form Completed \_\_\_\_\_

*Note: if you plan to schedule an opening reception, please be sure to submit a Facilities Usage Form for approval.*

### Exhibit Locations please indicate your preference

Meeting Hall Lobby
1 <sup>st</sup> floor corridors (by the Town Clerk and Tax Collector)
2 <sup>nd</sup> Floor corridor (by Finance)
* please note the American Legion uses this space in May/June and Nov/Dec.
Lower Level Stair well

*I (my organization) understand/understands that the exhibitor assumes all the risks for damage to, loss of or theft of any item, artwork or any part of the exhibit.*

\_\_\_\_\_  
Signature of Artist or Organization representative

\_\_\_\_\_  
Date

Return form(s) to: **Selectman's Office Town of Old Lyme**

52 Lyme Street | Old Lyme, CT 06371 or email to: [selectmansoffice@oldlyme-ct.gov](mailto:selectmansoffice@oldlyme-ct.gov)

SELECTMAN'S OFFICE USE:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_